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PTO/SB/21 (02-04)

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receipt

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/772,000
	Filing Date	February 4, 2004
	First Named Inventor	Carl M. Marsiglio
	Art Unit	2833
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	8540G-000140/DVB

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Request for Corrected Filing Receipt, Marked up copy of Official Filing Receipt and Return postcard</b>		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 07-0960. A duplicate copy of this sheet is enclosed.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 07-0960. A duplicate copy of this sheet is enclosed.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Linda M. Deschere	Reg. No. 34,811
Signature			
Date	20 MAY 04		

CERTIFICATE OF TRANSMISSION/MAILING			
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EV 406 075 419 US



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/772,000  
Filing Date: February 4, 2004  
Applicant: Carl M. Marsiglio, et al.  
Group Art Unit: 2833  
Examiner: To Be Assigned  
Title: ELONGATED ELASTOMER CONNECTOR AND METHOD  
Attorney Docket: 8540G-000140/DVB

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**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

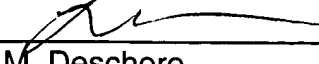
Sir:

We acknowledge receipt of the Official Filing Receipt for the above-identified application. However, there is an incomplete word in the title. The title should correctly read – ELONGATED ELASTOMER CONNECTOR AND METHOD– Accordingly, would you please correct your records and issue a corrected filing receipt.

The aforementioned error was not due to any fault of Applicants, thus, no fee is required.

Respectfully submitted,

Dated: 20 MAY 04

By:   
Linda M. Deschere  
Reg. No. 34,811

HARNESS, DICKEY & PIERCE, P.L.C.  
P.O. Box 828  
Bloomfield Hills, Michigan 48303  
(248) 641-1600



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/772,000	02/04/2004	2833	770	8540G-140DVA <sup>AB</sup>	11	10	1

CONFIRMATION NO. 5162

27572

HARNESS, DICKEY & PIERCE, P.L.C.  
 P.O. BOX 828  
 BLOOMFIELD HILLS, MI 48303

## FILING RECEIPT



\*OC000000012524111\*

Date Mailed: 05/04/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Carl M. Marsiglio, Spencerport, NY;  
 Robert L. Fuss, Spencerport, NY;

## Domestic Priority data as claimed by applicant

This application is a DIV of 10/300,287 11/20/2002

## Foreign Applications

If Required, Foreign Filing License Granted: 05/04/2004

Projected Publication Date: 08/12/2004

Non-Publication Request: No

Early Publication Request: No

## Title

Elongated elastomeric connector and method OD

Preliminary Class

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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